**Instructions:** Return completed form to Human Resources: JCK 360, or fax 512.245.1942. Questions may be directed to hrbenefits@txstate.edu or call 512.245.2557.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Texas State ID #:** |  |

Under the provisions of the Optional Retirement Program (ORP) (authorized by Section 51.358, *Texas Education Code*, as amended and under the policies established by Texas State University) and the Tax Deferred Account Program (TDA) (authorized by Article 6228a-5, *Vernon's Texas Civil Statutes*, as amended and under the policies established by Texas State University), I hereby request and authorize you to take the following action(s) as indicated below:

**ORP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I request that my elected **ORP** carrier be changed from | | |  | |
| to | **,** | to be effective | |  |

**TDA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I request that my elected **TDA** carrier be changed from | | |  | |
| to | **,** | to be effective | |  |

|  |  |
| --- | --- |
| New Vendor Representative Name: |  |

**This form supersedes the Texas State Tax Deferred Account Program Salary Reduction Agreement or the Texas State ORP Authorization for Reduction of Employee Contribution Form (where applicable) previously executed by me with respect to the carrier *only*.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Employee:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Texas State University Representative:** |  | **Date:** |  |